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Case Study

AYURVEDIC MANAGEMENT OF *RAKTAPRADARA* (HEAVY MENSTRUAL BLEEDING)

Pratibha Bahogona
Assistant Professor, Dept. of Sharir kriya vigyan, Dronacharya Ayurvedic Educational Institute & Hospital, Saharanpur, Uttar Pradesh India.

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ABSTRACT
Raktapradara, as referenced in the Charak Samhita, signifies excessive menstrual bleeding resulting from the imbalances of the *Rakta* and *Pitta doshas*. This condition is akin to menorrhagia or dysfunctional uterine bleeding recognized in contemporary medicine. Various dietary and lifestyle factors can exacerbate the issue, leading to heightened blood loss, fatigue, and irregular menstrual cycles. Ayurvedic approaches advocate a comprehensive treatment plan that includes herbal remedies, *Panchakarma* therapy, dietary changes, and lifestyle modifications aimed at restoring menstrual health. The objective of this study is to assess the effectiveness of Ayurvedic treatment in addressing *Raktapradara* through a detailed case analysis, focusing on the role of herbal interventions and *Panchakarma* therapy in normalizing menstrual cycles and enhancing overall health. In the methods section, a 32-year-old woman experiencing heavy menstrual bleeding for the duration of three months received Ayurvedic treatment. This included a regimen of oral medications, such as *Chandraprava Vati, Sonitargala Rasa, Nagakesara Churna*, and *Ashokarishta*, along with *Panchakarma* therapy involving *Virechana* with *Haritaki Churna*, alongside specific dietary and lifestyle modifications. The treatment lasted for three months, with evaluations based on factors including menstrual flow, cycle consistency, hemoglobin levels, and general health improvements. The results indicated that the patient experienced notable enhancements after the three-month treatment period.

INTRODUCTION
In the Charak Samhita, "*Raktapradar*" signifies the excessive discharge of menstrual blood caused by the *Pradirna* of *Raja*; so, it is termed *Pradar*. *Raktapradar* is more strongly linked to heavy menstrual bleeding in terms of its pathogenesis. Normal menstrual blood loss varies between 50 and 80 ml and should not exceed 100ml. Menorrhagia refers to excessive vaginal bleeding, defined by an increased volume, extended duration, or both. "Dysfunctional uterine bleeding" denotes abnormal menstrual bleeding that cannot be ascribed to any discernible structural or systemic disorder. Utilized specifically when menorrhagia is not associated with any abnormalities of the genital tract or systemic or endocrine problems. According to the Charak Samhita, a woman who excessively ingests *Lavan, Amla, Guru, Katu, Vidāhi, Snigdha, Mamsa, Kṛśara, Pāyasa*, curd, *Sukta, Mastu,* and *Madya* suffers from the vitiation of *Rakta*, leading to an increase in its volume; thus, the elevation of *Raja* is due to its integration with augmented blood. This condition is commonly known as *Pradara* due to the profuse hemorrhage associated with it. The therapeutic approach for this ailment should incorporate *Raktasthapak* alongside *Vata Pitta Shamak.*

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AIMS AND OBJECTIVES
- To evaluate the effectiveness of Ayurvedic treatment in managing *Raktapradara*.
- To assess the role of herbal and *Panchakarma* interventions in restoring menstrual health.
- To provide a safe and sustainable alternative to conventional treatments.

MATERIALS AND METHODS

Study Design: Single case study

Patient Selection: A 32-year-old female with excessive and prolonged menstrual bleeding.

Intervention: Ayurvedic treatment including oral medications, dietary modifications, and *Panchakarma* therapy.

Duration: 3 months

Assessment Criteria: Reduction in bleeding duration and quantity, improvement in general health, and regularization of menstrual cycles.

Case Presentation

A 32-year-old married female came to hospital OPD & presented with complaints of excessive menstrual bleeding for 3 months, associated with weakness, dizziness, and mild lower abdominal pain. The patient had no history of systemic diseases, but stress and dietary irregularities were noted.

N/H/O- HTN, DM, Thyroid etc.

Personal History

Diet: Mixed

Appetite: Good

Sleep: Disturbed

Bowel Habits: Irregular

Micturition: 6-7/ day

Menstrual History

Menarche - 13 years

Interval: 22-24 days

Duration of Bleeding: 10-12 days

Amount: 4-5 pads/ day

Flow: Heavy, associated with clots.

Pain: Mild lower abdominal discomfort.

Clinical Examination

Pallor: Present

Pulse: 70/min.

BP: 120/70 mmHg

Abdomen: Soft, non-tender

Obstetric history: G1P1L1A0 (FTNVD)

Investigation:

Hb: 8gm

USG Pelvis & Abd- No Finding

Urine: NAD

Treatment Protocol

Internal Intervention

S.No	Drugs	Dose	Duration
1	*Chandraprava Vati*	2 BD	3 months
2	*Sonitargala Rasa*	1 BD	3 months
3	*Nagakesara Churna*	5gm, BD	Bleeding time, 10 days each cycle
4	*Ashokarista*	20ml BD with equal water	3 months

***Panchakarma* Therapy**

Virechana with *Haritaki churna* 5gm with lukewarm water 5 days.

Dietary Modifications

Inclusion of cooling and *Pitta*-pacifying foods like milk, ghee, and fresh fruits.

Avoidance of spicy, sour, and heat-inducing foods.

Lifestyle Advice

Stress management through yoga and meditation.

Regular physical activity like walking.

OBSERVATION AND RESULTS

After three months of treatment, the patient showed significant improvement:

Menstrual Flow: Reduced to 4–5 days with moderate bleeding.

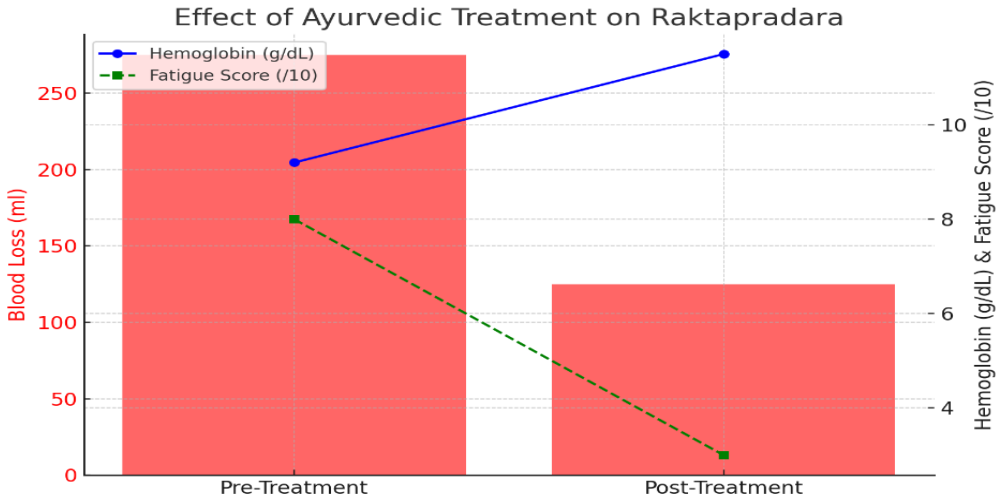
Cycle Regularity: Improved to 28 days.

General Health: Increased energy levels, reduced dizziness and pallor.

No Adverse Effects: The treatment was well tolerated.

Statistical Data

- Pre-treatment average blood loss: 250-300ml per cycle
- Post-treatment average blood loss: 100-150ml per cycle
- Hemoglobin levels before treatment: 9.2 g/dL
- Hemoglobin levels after treatment: 11.5 g/dL
- Reduction in fatigue scores: From 8/10 to 3/10 on a patient-reported scale.



DISCUSSION

The Ayurvedic approach to managing *Raktapradara*, or heavy menstrual bleeding, emphasizes restoring balance to the aggravated *Pitta* and *Rakta doshas*, which are the primary contributors to increased blood flow and associated symptoms. As outlined in the Charak Samhita, an imbalance in these *Doshas* can result in heightened menstrual bleeding, often accompanied by heat, inflammation, and irregular cycles. The treatment methodology in Ayurveda includes the incorporation of *Pitta-shamak* (*Pitta*-pacifying) herbs, hemostatic agents (*Rakta sthambhak*), uterine tonics, and detoxification therapies, all aimed at regulating the menstrual cycle and achieving systemic equilibrium. Among the various remedies, *Ashokarishta* is particularly significant in the treatment of *Raktapradara*. This herbal formulation, made from the bark of *Saraca asoca*, is known for its astringent, hemostatic, and uterine tonic effects. It enhances uterine muscle strength, regulates menstrual flow, and supports hormone balance, which is vital for women's reproductive health. The formulation is enriched with bioactive compounds such as flavonoids and tannins that help reduce excessive bleeding and improve endometrial integrity. In addition, *Sonitargala Rasa*, a herbo-mineral preparation, works in synergy with *Ashokarishta* to further promote hemostasis and minimize blood loss. A fundamental component of this treatment protocol is *Virechana*, a detoxification therapy that utilizes *Haritaki Churna. Virechana* acts as a purging treatment that eliminates excess *Pitta* from the body, alleviating systemic inflammation and correcting hormonal discrepancies. *Haritaki* (*Terminalia chebula*) is recognized for its gentle laxative and detoxifying properties, which enhance digestion and metabolism- key factors in regulating menstrual health. By clearing excess heat and toxins, *Virechana* aids in restoring homeostasis and bolstering overall vitality. In addition to these therapeutic methods, dietary and lifestyle changes play a crucial role in the Ayurvedic management of *Raktapradara*. Patients are encouraged to consume cooling and nourishing foods, such as milk, ghee, fresh fruits, and fiber-rich vegetables, which help balance *Pitta* and replenish essential nutrients. In contrast, the intake of spicy, sour, and heat-inducing foods is limited, as these can exacerbate *Pitta* and worsen menstrual symptoms. Furthermore, practices like yoga and meditation are recommended to alleviate stress, which is integral to maintaining endocrine and reproductive health.

The clinical enhancements noted in the patient, such as a decrease in menstrual bleeding, elevated hemoglobin levels, and increased energy, illustrate the success of this holistic Ayurvedic method. The lack of negative side effects, along with the overall improvement in menstrual health, underscores the promise of Ayurveda as a safe and sustainable option compared to traditional hormonal or surgical interventions for heavy menstrual bleeding. Nonetheless, it is crucial to conduct further large-scale clinical trials to confirm these results and to develop standardized treatment guidelines for the Ayurvedic management of *Raktapradara*.

CONCLUSION

This study illustrates the efficacy of Ayurvedic treatment in addressing *Raktapradara* (heavy menstrual bleeding) by employing a comprehensive approach that combines herbal remedies, *Panchakarma* therapies, dietary changes, and lifestyle adjustments. The findings indicate that utilizing a mix of these strategies can considerably enhance menstrual health by tackling the fundamental causes of excessive bleeding, re-establishing hormonal balance, and improving overall wellness. The incorporation of *Pitta*-pacifying and hemostatic herbs, including

Ashokarishta and *Sonitargala Rasa*, was essential in managing excessive menstrual blood flow, while *Virechana* therapy utilizing *Haritaki Churna* aided in detoxifying the body and correcting *Doshic* imbalances. In addition to mitigating blood loss, the treatment approach resulted in better hemoglobin levels, heightened energy, and diminished fatigue, reflecting a positive influence on systemic health. The patient reported improved regularity of menstrual cycles, indicating that Ayurvedic treatment not only alleviates symptoms but also fosters long-term menstrual health by addressing foundational *Doshic* imbalances. The lack of negative side effects in this case further confirms the safety and effectiveness of Ayurvedic methods as a practical alternative to conventional hormonal or surgical interventions, which frequently have considerable side effects. Additionally, this study highlights the significance of dietary and lifestyle adjustments in treating menstrual disorders. By integrating cooling and nutrient-dense foods, steering clear of spicy and heat-generating diets, and implementing stress-reduction strategies such as yoga and meditation, the patient noted enhanced physical and mental health. These aspects play a role in sustaining reproductive health and decreasing the frequency of menstrual irregularities. Although this individual case study presents promising outcomes, it accentuates the necessity for larger clinical trials to corroborate these results and formulate standardized Ayurvedic treatment protocols for *Raktapradara*. Future investigations should prioritize comparative analyses between Ayurvedic and allopathic treatments, long-term assessments, and the examination of the mechanisms behind herbal formulas in managing menstrual issues. The incorporation of Ayurveda into standard healthcare practices has the potential to offer a safe, natural, and sustainable solution for women's health challenges, thereby fostering holistic wellness and enhancing quality of life.

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***Address for correspondence**
Dr. Pratibha Bahogona
Assistant Professor,
Dept. of Sharir Kriya Vigyan,
Dronacharya Ayurvedic Educational Institute & Hospital,
Saharanpur, Uttar Pradesh, India.
Email:
Kalpanabahogona@gmail.com

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